

Purpose The questionnaire consists of nine items designed to assess “cues to action” – signals from a variety of sources that can affect patients’ perceptions of CPAP and can act as triggers for health-related behavior (e.g., compliance with CPAP therapy) [1]. The scale evaluates three separate factors: health cues (including concern about tiredness and potential health consequences), partner cues (those such as encouragement from the partner, and the partner’s difficulty in sleeping due to snoring), and health professional cues (messages from a physician about the need for CPAP). Future studies using this scale are likely to focus on its utility in predicting CPAP compliance.

Population for Testing The scale was validated in a population of 63 patients diagnosed with obstructive sleep apnea following the first month of CPAP prescription [1].

Administration The questionnaire is a self-report, paper-and-pencil measure requiring between 2 and 5 min for completion.

Reliability and Validity In an initial evaluation, the scale was found to have an internal consistency

of .63. Due to the novelty of such a scale, construct validity could not be fully assessed. Instead, scores on the three factor subscales were variables like relationship status (for the “partner cues” factor) and the Epworth Sleepiness Scale (for the “health cues” factor).

Obtaining a Copy A copy of the original scale can be found in the original article by the developers Olsen et al. [1]. The American Academy of Sleep Medicine must be contacted in order to reproduce or duplicate the scale.

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Scoring Patients are asked to rate the importance of each cue on a 4-point Likert scale ranging from 0 (“not at all”) to 3 (“extremely important”). Total scores are calculated by summing each item. A higher total score indicates greater overall importance attributed cues to start CPAP therapy.

Cues to CPAP Use Questionnaire (CCUQ)

In this section we would like you to indicate how important the following factors were in your decision to start using CPAP. If a particular statement is not applicable for you, please indicate this by filling in the “① not at all” response option. The scale is provided below:

- ① Not At All ① A Little Important ② Moderately Important ③ Extremely Important
- | | |
|--|---------|
| 1. I started using CPAP because my sleep physician said that I should | ① ① ② ③ |
| 2. I started using CPAP because I was worried about my heart | ① ① ② ③ |
| 3. I started using CPAP because my partner couldn't sleep because of my snoring | ① ① ② ③ |
| 4. I started using CPAP because my sleep physician was worried about my sleep apnoea | ① ① ② ③ |
| 5. I started using CPAP following advice from a friend/acquaintance who does not have sleep apnoea | ① ① ② ③ |
| 6. My partner encouraged me to start using CPAP | ① ① ② ③ |
| 7. I started using CPAP because I was worried about the health consequences of my sleep problem | ① ① ② ③ |
| 8. I started using CPAP because I was so tired all of the time | ① ① ② ③ |
| 9. I started using CPAP because I was worried that I would have a car accident | ① ① ② ③ |

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Reference

1. Olsen, S., Smith, S., Oei, T., & Douglas, J. (2010). Cues to starting CPAP in obstructive sleep apnea: development and validation of the cues to CPAP use questionnaire. *Journal of Clinical Sleep Medicine*, 6(3), 229–237.

Representative Studies Using Scale

None.